

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/12/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155472		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 05/21/2025	
NAME OF PROVIDER OR SUPPLIER HOOSIER VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 9875 CHERRYLEAF DR INDIANAPOLIS, IN 46268			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 05/21/25</p> <p>Facility Number: 000548 Provider Number: 155472 AIM Number: NA</p> <p>At this Emergency Preparedness survey, Hoosier Village was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has 24 certified beds. At the time of the survey, the census was 14.</p> <p>Quality Review completed on 05/28/25</p>			E 0000	<p>The submission of this Plan of Correction is not an admission by Hoosier Village that the facility has provided anything less than high-quality care to its residents. Rather, we view this process as part of our ongoing commitment to excellence and continuous improvement.</p> <p>Hoosier Village values its partnership with the Indiana Department of Health and other regulatory agencies. We believe that all feedback is an opportunity for growth, and we take it seriously. We remain fully committed to evaluating our practices and allocating the necessary resources to enhance outcomes and ensure the highest standard of care for our residents.</p> <p>In accordance with regulatory requirements, we respectfully submit the following Plan of Correction:</p>		
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 05/21/25</p>			K 0000	<p>The submission of this Plan of Correction is not an admission by Hoosier Village that the facility has provided anything less than high-quality care to its residents. Rather, we view this process as</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Jasmine Kemp

Assoc ED

06/09/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 0324 SS=E Bldg. 01	<p>Facility Number: 000548 Provider Number: 155472 AIM Number: NA</p> <p>At this Life Safety Code survey, Hoosier Village was found not in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building and the nurses station near resident Room #127 and Room #128 which was constructed in 2010 were surveyed with Chapter 19 Existing Health Care Occupancies.</p> <p>This one-story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in support rooms and at smoke barrier and horizontal exit doors. The facility has smoke detectors hard wired to the building's electrical system with battery backup installed in all resident sleeping rooms. The facility has a capacity of 24 and had a census of 14 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has no detached buildings providing facility services.</p> <p>Quality Review completed on 05/28/25</p>			K 0324	<p>part of our ongoing commitment to excellence and continuous improvement.</p> <p>Hoosier Village values its partnership with the Indiana Department of Health and other regulatory agencies. We believe that all feedback is an opportunity for growth, and we take it seriously. We remain fully committed to evaluating our practices and allocating the necessary resources to enhance outcomes and ensure the highest standard of care for our residents.</p> <p>In accordance with regulatory requirements, we respectfully submit the following Plan of Correction:</p>		06/06/2025
	<p>NFPA 101 Cooking Facilities</p> <p>Based on observation and interview, the facility failed to provide an approved method for returning a cooking appliances to a specific location in the kitchen hood extinguishing</p>				<p>1. The facility immediately addressed the deficient practice by ordering appropriate carriages to ensure that the six-burner stove</p>		

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	<p>equipment was designed and installed for 1 of 1 kitchen hood extinguishing system. NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations Section 2011 Edition Section 12.1.2.2, states cooking appliances requiring protection shall not be moved, modified, or rearranged without prior re-evaluation of the fire-extinguishing system by the system installer or servicing agent, unless otherwise allowed by the design of the fire extinguishing system. Section 12.1.2.3 states the fire-extinguishing system shall not require reevaluation where the cooking appliances are moved for the purposes of maintenance and cleaning, provided the appliances are returned to approved design location prior to cooking operations, and any disconnected fire-extinguishing system nozzles attached to the appliances are reconnected in accordance with the manufacturer's listed design manual. Section 12.1.2.3.1 states an approved method shall be provided that will ensure that the appliance is returned to an approved design location. The deficient practice could affect as many as 8 residents, 3 staff, and 2 visitors.</p> <p>Findings include:</p> <p>Based on observations made during a tour of the facility with the Director of Environmental Services on 05/21/25 at 12:11 p.m., the six (6) burner stove and the flat grill which was located on the cooking line under the hood in the kitchen was not provided with an approved method that would ensure that the appliance was returned to an approved design location after it had been moved for maintenance and/or cleaning. Based on interview on 05/21/25 at 12:13 p.m., the Director of Environmental Services stated that he was not aware an approved method should be provided to</p>				<p>and flat grill are returned to their precise, approved locations under the kitchen hood system following any movement. Carriages have since been installed to guide the appliances into their correct position, satisfying NFPA 96 code requirements. A photograph showing the installed carriages is attached to this Plan of Correction as verification of compliance.</p> <p>2. A complete inspection of all food preparation areas throughout the campus—including Assisted Living and Health Center kitchens—was conducted by the Director of Environmental Services to determine if any other appliances required repositioning compliance under a suppression system. No other areas were found to contain movable cooking appliances requiring similar safeguards. The issue was isolated to the Health Center kitchen.</p> <p>3. To prevent recurrence of this deficiency, the facility has implemented the following systemic changes: Policy & Procedure Updates: Environmental Services and Dietary procedures now include a requirement that all movable kitchen appliances under a suppression system must be equipped with an approved method (e.g., carriages or brackets) to ensure return to designated positions after cleaning or maintenance.</p>		

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	ensure that the appliance was returned to an approved design location after maintenance or cleaning and that he would have something done to the kitchen stove or floor to meet code compliance as soon as possible. This item was discussed with the Director of Environmental Services, the Assistant Executive Director, and the Executive Director at the exit conference on 05/21/25. 3.1-19(b)				4. A. Monitoring System: A kitchen appliance positioning audit checklist has been implemented and will be completed by the Director of Environmental Services or designee after each cleaning or maintenance procedure involving applicable equipment. B. Frequency: Weekly audits for the first 8 weeks, and Monthly random audits thereafter for 4 months C. Ongoing Quality Assurance: Audit findings will be reviewed at the facility's monthly Quality Assurance and Performance Improvement (QAPI) Committee meetings to monitor compliance and identify any further needed interventions. Following the 8-week audit period, monthly random audits will continue for an additional 4 months to validate sustained compliance. These will also be reviewed at the facilities monthly Quality Assurance and Performance Improvement (QAPI) Committee meetings to monitor compliance and identify any further needed interventions.		